



HealthONE Occupational Medicine and Rehabilitation

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|---|--|--|--|
| <p>1 AURORA
1444 S Potomac St, #200
Aurora, CO 80012
P) 303-214-0000 F) 303-343-8135</p> | <p>3 DENVER*
1515 Wazee, Ste D
Denver, CO 80202
P) 303-534-9550 F) 720-932-7805</p> | <p>5 ENGLEWOOD
125 E Hampden Ave
Englewood, CO 80113
P) 303-788-9292 F) 303-788-9260</p> | <p>7 NORTH SUBURBAN
9195 Grant St, Ste 100
Thornton, CO 80129
P) 303-292-0034 F) 303-292-0097</p> |
| <p>2 CENTENNIAL
14000 E Arapahoe Rd, #160
Centennial, CO 80112
P) 303-218-4250 F) 303-218-4247</p> | <p>4 DENVER
120 Bryant St
Denver, CO 80219
P) 303-936-9700 F) 303-936-9686</p> | <p>6 WESTMINSTER
12207 Pecos St, #300
Westminster, CO 80234
P) 303-650-0445 F) 303-429-5088</p> | |



Initial W/C, Drug Screen, Breath Alc.
Phone: 303-861-7878

* Not owned or operated by HealthONE

* 1515 Wazee, Ste D Denver, CO 80202	3212 E 104 th Ave Thornton, CO 80233	6895 E Hampden Ave Denver, CO 80224	200 W County Line Rd, #100 Highlands Ranch, CO 80129
M-F 5 PM-11 PM Wknd/Hldy 9 AM-9 PM	M-F 5 PM-12 AM Wknd/Hldy 8 AM-12 AM	M-F 5 PM-10 PM Wknd/Hldy 8 AM-10 PM	M-F 5 PM-12 AM Wknd/Hldy 8 AM-12 AM

After Hours Emergency Care

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|---|--|--|---|
| <p>A The Medical Center of Aurora-South Campus
1501 S Potomac St
Aurora, CO 80012
Phone: 303- 695-2600</p> | <p>C Presbyterian/St Luke's Medical Center
1719 E 19th Ave
Denver, CO 80218
Phone: 303- 839-6000</p> | <p>E Swedish Medical Center
501 E Hampden Ave
Englewood, CO 80110
Phone: 303-788-5000</p> | <p>G Sky Ridge Medical Center
10101 Ridgeway Pkwy
Lone Tree, CO 80124-5522
Phone: 720-225-1000</p> |
| <p>B North Suburban Medical Center
9191 Grant St
Thornton, CO 80229
Phone: 303-451-7800</p> | <p>D Rose Medical Center
4567 E 9th Ave
Denver, CO 80220
Phone: 303-320-2121</p> | <p>F Centennial Medical Plaza
14200 E Arapahoe Rd
Englewood, CO 80112
Phone: 303-699-3000</p> | <p>H Swedish Southwest ER
6196 W Ammons Way
Littleton, CO 80123
Phone: 303-932-6911</p> |

MEDICAL SERVICES AUTHORIZATION

Employer _____ Date _____

Address _____ Phone Number _____

Patient's Name _____ Supervisor's Name _____

EMPLOYMENT PHYSICALS

- DOT Physical History & Physical
 Back Assessment Respirator Physical
 Hazmat Physical Guard Physical
 Other Services _____

DRUG & ALCOHOL TESTS (please mark test type and reason for test)

- NIDA/DOT
Reason: Post-Offer Random Post-Accident Reasonable Suspicion
- 5 Panel/DS5 (SAM5)
Reason: Post-Offer Random Post-Accident Reasonable Suspicion
- Rapid
Reason: Post-Offer Random Post-Accident Reasonable Suspicion
- Drug Screen Collection Only
Reason: Post-Offer Random Post-Accident Reasonable Suspicion
- Breath Alcohol Test
Reason: Post-Offer Random Post-Accident Reasonable Suspicion
- Other _____
Reason: Post-Offer Random Post-Accident Reasonable Suspicion

MEDICAL TREATMENT

On the Job Injury? Yes No

Date of Injury _____

Area of Body Injured _____

Comments _____

Authorized By: _____ Title: _____